

Child and Adult Care Food Program (CACFP) • Adult Day Care Centers Menu Production Record 1 — Any Meal

Site: _____

Date: _____

Meal Type: ☐ Breakfast ☐ Lunch ☐ Supper

☐ AM Snack ☐ PM Snack

Today's Menu

Number of Meals Served

Reimbursable: _____

Nonreimbursable: _____

Total: _____

This sample form expires on September 30, 2017. The new CACFP meal patterns required by the USDA [final rule](#) take effect on October 1, 2017.

Column 1	Column 2	Column 3				Column 4	Column 5	Column 6
Menu Item See the CACFP Meal Pattern for Adults for the required components and serving sizes for each meal type	Recipe Number or Food Product	Serving Size and Amount Prepared				Total Quantity of Food Used e.g., number of servings, pounds, cans	Amount Leftover	Total Amount Served (Column 5 minus Column 6)
		Reimbursable Meals		Nonreimbursable Meals				
		Serving Size	Number of Servings	Serving Size	Number of Servings			
MILK (low-fat unflavored or fat-free plain or unflavored)								
VEGETABLES/FRUITS								
GRAINS/BREADS								
MEAT/MEAT ALTERNATES								
OTHER FOODS, e.g., condiments Do not credit toward meal pattern								

CACFP Adult Day Care Centers Menu Production Record 1 — Any Meal, continued

INSTRUCTIONS

Site and Date: Complete the site name and date of meal service.

Meal Type: Check the meal type provided (breakfast, lunch, supper, AM snack or PM snack).

Today's Menu: Write the daily menu. For information on the CACFP adult meal pattern requirements, see the [CACFP Meal Pattern for Adults](#) and [Meal Pattern Requirements for CACFP Adult Day Care Centers](#).

Number of Meals Served: Complete this section **after** the meal service. Indicate the number of reimbursable meals served to adult participants, and the number of nonreimbursable meals, if applicable, e.g., meals for CACFP staff and incomplete meals served to adult participants.

Menu Item (Column 1): List all planned menu items. Include noncreditable foods (e.g., desserts and condiments), and any substitutions. For information on noncreditable foods, see [Noncreditable Foods in CACFP Adult Day Care Centers](#).

Recipe Number or Food Product (Column 2): Indicate the recipe (and recipe number, if available) or name of food product used. Include the form (e.g., fresh, frozen or canned) and packing medium (e.g., canned in juice or light syrup, or frozen with added sugar).

Serving Size and Amount Prepared (Column 3): Indicate the serving size and number of servings of each planned menu or food item served to adult participants, and to CACFP staff, if applicable.

Total Quantity of Food Used (Column 4): Indicate the total amount of food used to prepare the number of planned meals indicated in column 3. For single-serving items like hamburgers or oranges, record the total number of items or servings prepared, e.g., 100 oranges, 250 servings of hamburgers. For all other items, indicate the amount of food used with as much detail as possible, e.g., “3 10-lb. boxes,” “2 #10 cans” or “1½ recipes.”

Amount Leftover (Column 5): Indicate the amount of food leftover for each menu item. If the item can be counted, record the number, e.g., 10 oranges. If the item can be measured in volume, record the estimated amount, e.g., “half of a full-size steam table pan” or “2 quarts.” Use consistent measurements. For example, if the total quantity of food used (column 5) is 150 hamburgers, indicate the number of leftovers (e.g., 10 hamburgers), not the weight (e.g., 2 pounds).

Total Amount Served (Column 6): Subtract *Amount Leftover* (column 5) from *Total Quantity of Food Used* (column 4) to determine the total amount of food served.



For information on the CACFP, visit the CSDE's [CACFP Adult Day Care Centers](#) Web site or contact the [CACFP staff](#) in the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

This form is available in PDF at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/forms/adultpr1.pdf and in Word at www.sde.ct.gov/sde/lib/sde/word_docs/deps/nutrition/cacfp/forms/adultpr1.doc.

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- (2) fax: (202) 690-7442; or
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